

State/Territory: OKLAHOMA

Agency*	Citation(s)	Groups Covered
---------	-------------	----------------

1903(m)(2)(F)
of the Act,
P.L. 98-369
(section 2364),
P.L. 99-272
(section 9517),
P.L. 101-508
(section 4732)

B. Optional Groups Other Than the Medically Needy
(Continued)

The Medicaid Agency may elect to restrict the disenrollment rights of Medicaid enrollees of certain Federally qualified HMOs, Competitive Medical Plans (CMPs) with Medicare contracts under section 1876 of the Act, and other organizations described in 42 CFR 434.27(d), in accordance with the regulations at 42 CFR 434.27. This requirement applies unless a recipient can demonstrate good cause for disenrolling or if he/she moves out of the entity's service area or becomes ineligible.

___ Disenrollment rights are restricted for a period of ___ months (not to exceed 6 months).

During the first month of each enrollment period the recipient may disenroll without cause. The State will provide notification, at least twice per year, to recipients enrolled with such organization of their right to and restrictions of terminating such enrollment.

X No restrictions upon disenrollment rights.

1903(m)(2)(H),
1902(a)(52) of
the Act

In the case of individuals who have become ineligible for Medicaid for the brief period described in section 1903(m)(2)(H) and who were enrolled with an P.L. 101-508 entity having a contract under section 1903(m) when (section 4732) they became ineligible, the Medicaid agency may elect to reenroll those individuals in the same entity if that entity still has a contract.

STATE <u>Oklahoma</u>	
DATE REC'D	<u>JAN 17 1995</u>
DATE APP'VD	<u>JAN 18 1995</u>
DATE LTR	<u>JUL 01 1995</u>
HCFA 179	<u>95-01</u>

X

A

The agency elects to reenroll the above individuals who are ineligible in a month but in the succeeding two months become eligible, into the same entity in which they were enrolled at the time eligibility was lost.

The agency elects not to reenroll above individuals into the same entity in which they were previously enrolled.

Revised 07-01-95

TN No. 95-01
Supersedes 93-07 Approval Date JAN 10 1995 Effective Date JUL 01 1995
TN No. 93-07

State/Territory: OKLAHOMA

Agency* Citation(s)
Department of Human Services

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.217

- X 4. A group or groups of individuals who would be eligible for Medicaid under the plan if they were in a NF or an ICF/MR, who but for the provision of home and community-based services under a waiver granted under 42 CFR Part 441, Subpart G would require institutionalization, and who will receive home and community-based services under the waiver. The group or groups covered are listed in the waiver request. This option is effective on the effective date of the State's section 1915(c) waiver under which this group(s) is covered. In the event an existing 1915(c) waiver is amended to cover this group(s), this option is effective on the effective date of the amendment.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>APR 06 1993</u>	
DATE APPV'D <u>MAY 03 1993</u>	
DATE EFF <u>JAN 01 1993</u>	
HCFA 179 <u>93-07</u>	

*Agency that determines eligibility for coverage.

Revised 01-01-93

TN No. 93-07 Approval MAY 03 1993 Effective Date JAN 01 1993
Supersedes
TN No. 92-02 HCFA ID: 7983E

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 11a
OMB NO.: 0938-

State: OKLAHOMA

Agency* Citation(s)
Department of Human Services

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VII)
of the Act

☒ 5. Individuals who would be eligible for Medicaid under the plan if they were in a medical institution, who are terminally ill, and who receive hospice care in accordance with a voluntary election described in section 1905(o) of the Act.

☐ The State covers all individuals as described above.

☐ The State covers only the following group or groups of individuals:

☐ Aged
☐ Blind
☐ Disabled
☐ Individuals under the age of--
☐ 21
☐ 20
☐ 19
☐ 18
☐ Caretaker relatives
☐ Pregnant women

*Agency that determines eligibility for coverage.

TN No. _____
Supersedes
TN No. _____

Approval Date MAR - 3 1992

New 10-01-91
Effective Date OCT - 1 1991

HCFA ID: 7983E

STATE <u>Okla</u>	A
DATE REC'D <u>JAN 29 1992</u>	
DATE APP'D <u>MAR - 3 1992</u>	
DATE EFF <u>OCT - 1 1991</u>	
HCFA 179 <u>72-02</u>	

Revision: HCFA-PM-91-4 (BPD)
August 1991
State: OKLAHOMA

ATTACHMENT 2.2-A
Page 12
OMB NO.: 0938-

Agency* Citation(s) Groups Covered
Department of Human Services

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.220

- X 6. Individuals who would be eligible for AFDC if their work-related child care costs were paid from earnings rather than by a State agency as a service expenditure. The State's AFDC plan deducts work-related child care costs from income to determine the amount of AFDC.

X The State covers all individuals as described above.

1902(a)(10)(A)
(ii) and 1905(a)
of the Act

— The State covers only the following group or groups of individuals:

- Individuals under the age of--
— 21
— 20
— 19
— 18
— Caretaker relatives
— Pregnant women

42 CFR 435.222
1902(a)(10)
(A)(ii) and
1905(a)(i) of
the Act

7. X a. All individuals who are not described in section 1902(a)(10)(A)(i) of the Act, who meet the income and resource requirements of the AFDC State Plan, and who are under the age of 21 as indicated below.

- 20
— 19
X 18

*Agency that determines eligibility for coverage.

STATE	<u>Oklahoma</u>
DATE REC'D	<u>SEP - 1 1995</u>
DATE ASYD	<u>OCT 17 1995</u>
DATE EFF	<u>SEP 1 1995</u>
HCFA 177	<u>95-15</u>

A

Revised 09-01-95

TN No. 95-15
Supersedes 92-02 Approval Date 10/12/95 Effective Date 09/01/95
TN No. 92-02

Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 2.2-A
Page 13
OMB NO.: 0938-

State: OKLAHOMA

Agency*	Citation(s)	Groups Covered
Department of Human Services		

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.222

X b. Reasonable classifications of individuals described in (a) above, as follows:

___ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are:

___ (a) In foster homes (and are under the age of ___).

___ (b) In private institutions (and are under the age of ___).

___ (c) In addition to the group under b.(1)(a) and (b), individuals placed in foster homes or private institutions by private, nonprofit agencies (and are under the age of ___).

X (2) Individuals in adoptions subsidized in full or part by a public agency (who are under the age of 21).

(3) Individuals in NFs (who are under the age of ___). NF services are provided under this plan.

(4) In addition to the group under (b)(3), individuals in ICFs/MR (who are under the age of ___).

STATE	<u>Oklahoma</u>
DATE RECD	<u>SEP - 1 1995</u>
DATE APVD	<u>OCT 17 1995</u>
DATE EFF	<u>SEP - 1 1995</u>
HCFA 179	<u>95-15</u>

A

*Agency that determines eligibility for coverage.

Revised 09-01-95

TN No. 95-15
Supersedes 92-02 Approval Date 10/17/95 Effective Date 09/01/95
TN No. 92-02

Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 2.2-A
Page 13a
OMB NO.: 0938-

State: OKLAHOMA

Agency*	Citation(s)	Groups Covered
Department of Human Services		

B. Optional Groups Other Than the Medically Needy
(Continued)

— (5) Individuals receiving active treatment as inpatients in psychiatric facilities or programs (who are under the age of _____). Inpatient psychiatric services for individuals under age 21 are provided under this plan.

X (6) Other defined groups (and ages), as specified in Supplement 1 of ATTACHMENT 2.2-A.

STATE <u>Oklahoma</u>	A
DATE REC'D <u>SEP - 1 1995</u>	
DATE <u>OCT 17 1995</u>	
DATE <u>SEP 1 1995</u>	
HCFA 179 <u>95-15</u>	

*Agency that determines eligibility for coverage.

Revised 09-01-95

TN No. 95-15

Supersedes

TN No. 92-02

Approval Date 10/17/95

Effective Date 09/01/95

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 14
OMB NO.: 0938-

State: OKLAHOMA

Agency* Citation(s)
Department of Human Services

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

1902(a)(10)
(A)(ii)(VIII)
of the Act

☒ X

8. A child for whom there is in effect a State adoption assistance agreement (other than under title IV-E of the Act), who, as determined by the State adoption agency, cannot be placed for adoption without medical assistance because the child has special needs for medical or rehabilitative care, and who before execution of the agreement--

a. Was eligible for Medicaid under the State's approved Medicaid plan; or

b. Would have been eligible for Medicaid if the standards and methodologies of the title IV-E foster care program were applied rather than the AFDC standards and methodologies.

The State covers individuals under the age of--

<u>X</u>	21
<u> </u>	20
<u> </u>	19
<u> </u>	18

Revised 10-01-91

TN No. _____
Supersedes _____
TN No. _____

Approval Date MAR - 3 1992

Effective Date OCT - 1 1991

HCFA ID: 7983E

STATE	<u>Oklahoma</u>	A
DATE REC'D	<u>JAN 29 1992</u>	
DATE APP'D	<u>MAR - 3 1992</u>	
DATE EFF	<u>OCT - 1 1991</u>	
HCFA 179	<u>92-02</u>	

Revision: HCFA-PM-91-4 (BPD)
August 1991

ATTACHMENT 2.2-A
Page 14a
OMB No.: 0938-

State: OKLAHOMA

Agency* Citation(s)
Department of Human Services

Groups Covered

B. Optional Groups Other than the Medically Needy
(Continued)

42 CFR 435.223 ☒

9. Individuals described below who would be eligible for AFDC if coverage under the State's AFDC plan were as broad as allowed under Title IV-A:

1902(A)(10)
(A)(iii) and
1905(a) of
the Act

___ Individuals under the age of --

___ 21

___ 20

___ 19

___ 18

___ Caretaker relatives

___ Pregnant women

Individuals who would be eligible for AFDC if the payment standard were equal to 73% of the need standard (See Supplement 1 to Attachment 2.6-A, Page 1).

STATE <u>OKlahoma</u>		A
DATE REC'D	<u>JUN 10 1994</u>	
DATE APP'D	<u>JUL 06 1994</u>	
DATE EFF	<u>JUN 01 1994</u>	
HCFA 179	<u>94-05</u>	

Revised 06-01-94

TN No. 94-05

Supersedes

TN No. 93-02

Approval Date JUL 06 1994

Effective Date JUN 01 1994

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991

ATTACHMENT 2.2-A
Page 15
OMB NO.: 0938-

State: OKLAHOMA

Agency* Citation(s)
Department of Human Services

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230
42 CFR 435.120

☒ 10. States using SSI criteria with agreements under sections 1616 and 1634 of the Act.

The following groups of individuals who receive only a State supplementary payment (but no SSI payment) under an approved optional State supplementary payment program that meets the following conditions. The supplement is--

- a. Based on need and paid in cash on a regular basis.
- b. Equal to the difference between the individual's countable income and the income standard used to determine eligibility for the supplement.
- c. Available to all individuals in the State.
- d. Paid to one or more of the classifications of individuals listed below, who would be eligible for SSI except for the level of their income.

- (1) All aged individuals.
- (2) All blind individuals.
- (3) All disabled individuals.

Revised 10-01-91

TN No. _____
Supersedes _____
TN No. _____

Approval Date MAR - 3 1992

Effective Date OCT - 1 1991

HCFA ID: 7983E

STATE <u>Oklahoma</u>	A
DATE REC'D <u>JAN 29 1992</u>	
DATE APPV'D <u>MAR - 3 1992</u>	
DATE EFF <u>OCT - 1 1991</u>	
HCFA 179 <u>92-02</u>	

Revision: HCFA-PM-91-4 (BPD)
AUGUST 1991
State: OKLAHOMA

ATTACHMENT 2.2-A
Page 16
OMB NO.: 0938-

Agency* Citation(s)
Department of Human Services

Groups Covered

B. Optional Groups Other Than the Medically Needy
(Continued)

42 CFR 435.230

- (4) Aged individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (5) Blind individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (6) Disabled individuals in domiciliary facilities or other group living arrangements as defined under SSI.
- (7) Individuals receiving a Federally administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (8) Individuals receiving a State administered optional State supplement that meets the conditions specified in 42 CFR 435.230.
- (9) Individuals in additional classifications approved by the Secretary as follows:

TN No. _____
Supersedes _____
TN No. _____

Approval Date

MAR - 3 1992

Effective Date

Revised 10-01-91

OCT - 1 1991

HCFA ID: 7983E

STATE	<u>OKLAHOMA</u>	A
DATE REC'D	<u>JAN 29 1992</u>	
DATE APPV'D	<u>MAR - 3 1992</u>	
DATE EFF	<u>OCT - 1 1991</u>	
HCFA 179	<u>92-22</u>	